



TributeNight™ Arm Order Form

1 Patient Information

Name: _____ Phone Number: _____ Age: ____ Height: ____ Weight: ____
 Therapist/Fitter: Name: _____ Phone Number: _____ Email: _____

2 Garment Design

Style Right Arm Left Arm UE - _____

Channeling Chevron Vertical (Design consult needed)

Profile Original Low

Color Black Blue Purple Raspberry Slate

Modifications

QTY.	Notes/Placement Instruction
<input type="checkbox"/> Zippers	_____
<input type="checkbox"/> Closure (VELCRO® brand)	_____
<input type="checkbox"/> Adjustable panels (VELCRO® brand)	_____
<input type="checkbox"/> Pull-up loops	_____
<input type="checkbox"/> Digit spacers	_____
<input type="checkbox"/> Snap tape	_____

Accessories

- Variable Compression Jacket (VCJ)
- Outer Jacket (OJ)
 - Color: Black Blue Purple Raspberry Slate
 - Fastener type: VELCRO® brand fastener Snap
- Easy Slide Donning Aid

Special Instructions: _____

Exact Reorder of Order #: _____

4 Billing Information

Quote Only

Business Name: _____
 Phone: _____ Fax: _____
 Contact Name & Phone: _____
 Account #: _____ P.O. #: _____
 Payment: Credit card (provide number below) Net 30
 Card #: _____ Exp: ____ / ____ SID: _____

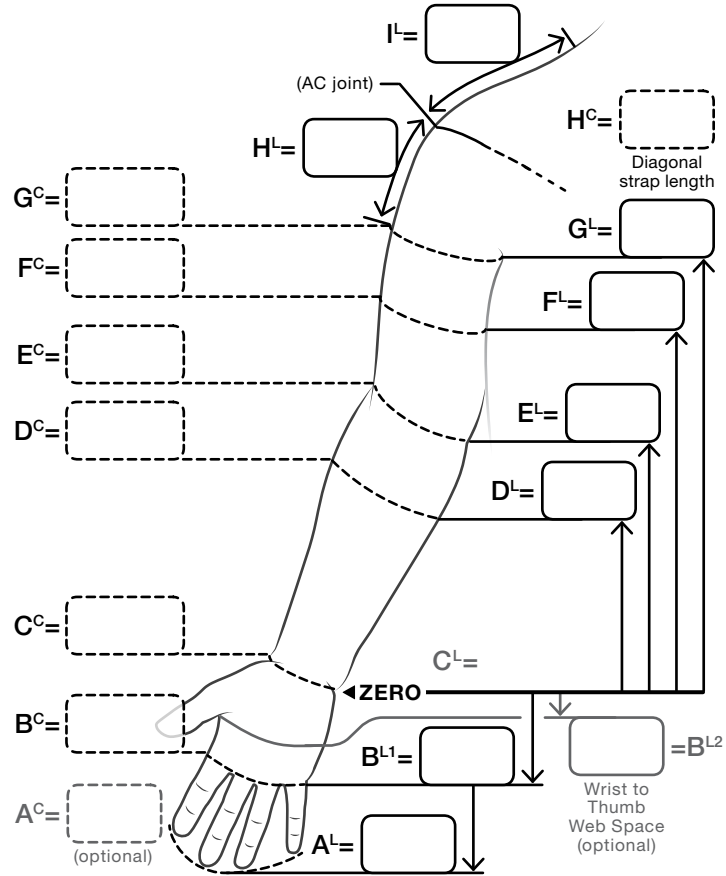
3 Measurements

Date taken: ____ / ____ / ____

(All measurements in centimeters)

C = Circumference

L = Length



5 Shipping Information

Shipping: Standard
 Priority Requested Delivery Date: _____
 Ship to: _____
 Attn: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Province Postal Code
 Phone: _____
 Email (for shipping notification): _____

Fax completed order to 414-892-4150 or email to customdesigncenter@us.LRmed.com

L&R USA INC. will reply with an order confirmation and cost. Questions? Call Custom Design Center at 1-414-892-5158.



L&R INTERNAL USE ONLY

TributeNight™ Torso Order Form

1 Patient Information

Name: _____ Phone Number: _____ Age: ____ Height: _____ Weight: _____
 Therapist/Fitter: Name: _____ Phone Number: _____ Email: _____

2 Garment Design

TT - _____

Style Breast Tissue Turgor:
 Firm Moderate Drape Lax

Channeling Chevron (Design consult needed) Vertical

Profile Original Low

Color Black Blue Purple Raspberry Slate

Modifications

QTY.	Notes/Placement Instruction
<input type="checkbox"/> Zippers
<input type="checkbox"/> Closure (VELCRO® brand)
<input type="checkbox"/> Adjustable panels (VELCRO® brand)
<input type="checkbox"/> Snap tape

Special Instructions:

Exact Reorder of Order #: _____

4 Billing Information

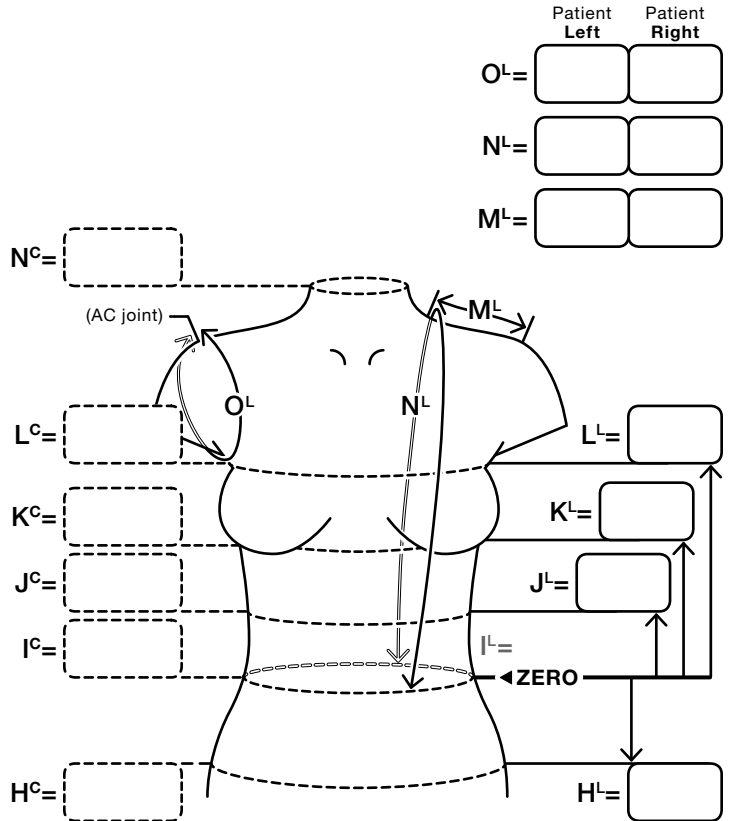
Quote Only

Business Name: _____
 Phone: _____ Fax: _____
 Contact Name & Phone: _____
 Account #: _____ P.O. #: _____
 Payment: Credit card (provide number below) Net 30
 Card #: _____ Exp: ____ / ____ SID: _____

3 Measurements

(All measurements in centimeters)

Date taken: ____ / ____ / ____



5 Shipping Information

Shipping: Standard
 Priority Requested Delivery Date: _____
 Ship to: _____
 Attn: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Province Postal Code
 Phone: _____
 Email (for shipping notification): _____

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L&R INTERNAL USE ONLY

TributeNight™ Leg & Lower Torso Order Form

1 Patient Information

Name: _____ Phone Number: _____ Age: _____ Height: _____ Weight: _____

Therapist/Fitter: Name: _____ Phone Number: _____ Email: _____

2 Garment Design

Style Right Leg Left Leg LE - _____

Channeling Chevron Vertical

Profile Original Low

Color Black Blue Purple Raspberry Slate

Modifications

QTY.	Notes/Placement Instruction
<input type="checkbox"/> Zippers	_____
<input type="checkbox"/> Closure (VELCRO® brand)	_____
<input type="checkbox"/> Adjustable panels (VELCRO® brand)	_____
<input type="checkbox"/> Non-skid pads	_____
<input type="checkbox"/> Pull-up loops	_____
<input type="checkbox"/> Snap tape	_____

Accessories

- Variable Compression Jacket (VCJ)
- Outer Jacket (OJ)
 - Color: Black Blue Purple Raspberry Slate
 - Fastener type: VELCRO® brand fastener Snap
 - Modifications: Non-skid pads
- Easy Slide Donning Aid

Special Instructions: _____

Exact Reorder of Order #: _____

4 Billing Information

Quote Only

Business Name: _____

Phone: _____ Fax: _____

Contact Name & Phone: _____

Account #: _____ P.O. #: _____

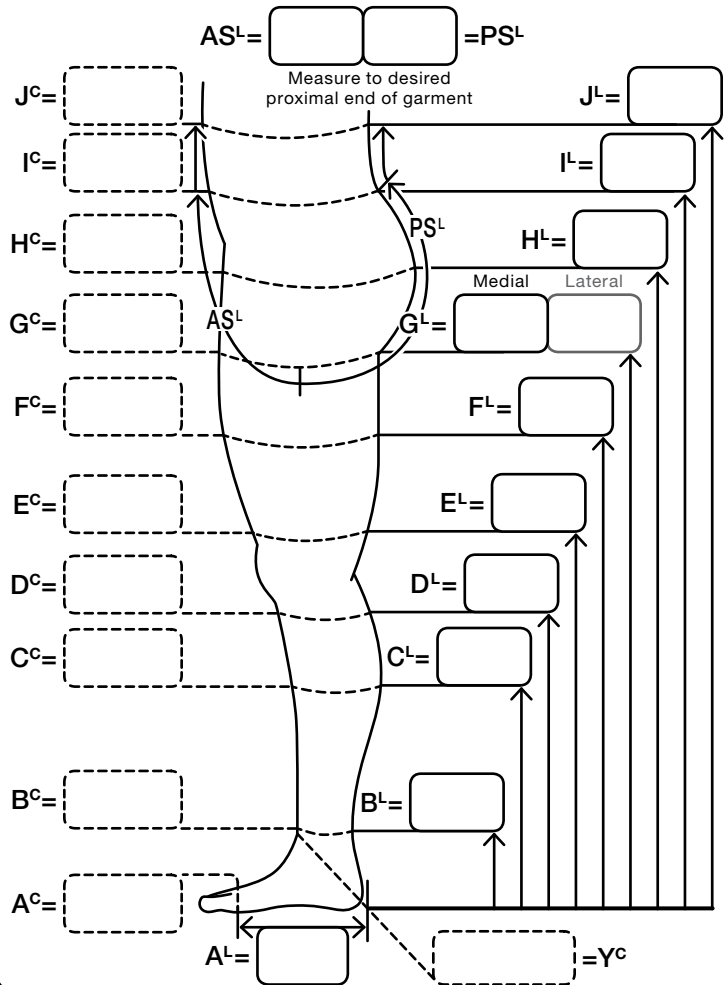
Payment: Credit card (provide number below) Net 30

Card #: _____ Exp: ____ / ____ SID: _____

3 Measurements

Date taken: ____ / ____ / ____

(All measurements in centimeters)



5 Shipping Information

Shipping: Standard
Priority Requested Delivery Date: _____

Ship to: _____

Attn: _____

Street: _____

City: _____ State: _____ Zip: _____
Province Postal Code

Phone: _____

Email (for shipping notification): _____

Fax completed order to 414-892-4150 or email to customdesigncenter@us.LRmed.com

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L&R INTERNAL USE ONLY

TributeNight™ Head & Neck Order Form

1 Patient Information

Name: _____ Phone Number: _____ Age: _____ Height: _____ Weight: _____

Therapist/Fitter: Name: _____ Phone Number: _____ Email: _____

2 Garment Design

Style FN - _____

Channeling (Default channeling varies based on garment style.)

Profile Original Low

Color Black (Only available in black.)

Modifications

QTY.	Notes/Placement Instruction
___ Lip bridge	_____
___ Tracheotomy accommodation	_____

Special Instructions:

Exact Reorder of Order #: _____

4 Billing Information

Quote Only

Business Name: _____

Phone: _____ Fax: _____

Contact Name & Phone: _____

Account #: _____ P.O. #: _____

Payment: Credit card (provide number below) Net 30

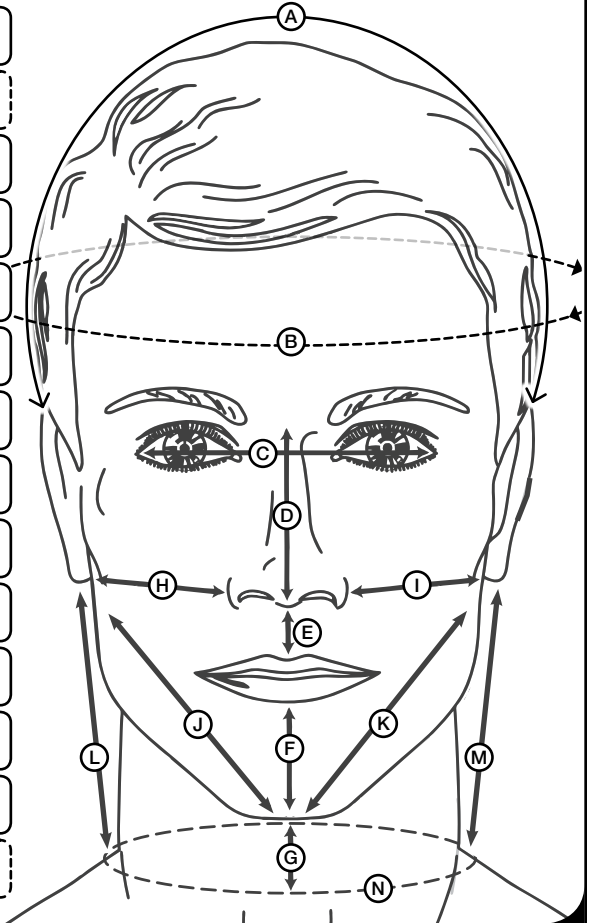
Card #: _____ Exp: ___ / ___ SID: _____

3 Measurements

Date taken: ___ / ___ / ___

(All measurements in centimeters)

- A^L =
- B^C =
- C^L =
- D^L =
- E^L =
- F^L =
- G^L =
- H^L =
- I^L =
- J^L =
- K^L =
- L^L =
- M^L =
- N^C =



Denote areas of scarring or fibrosis with hash marks (////).

5 Shipping Information

Shipping: Standard
Priority Requested Delivery Date: _____

Ship to: _____

Attn: _____

Street: _____

City: _____ State: _____ Zip: _____
Province Postal Code

Phone: _____

Email (for shipping notification): _____

Fax completed order to 414-892-4150 or email to customdesigncenter@us.LRmed.com

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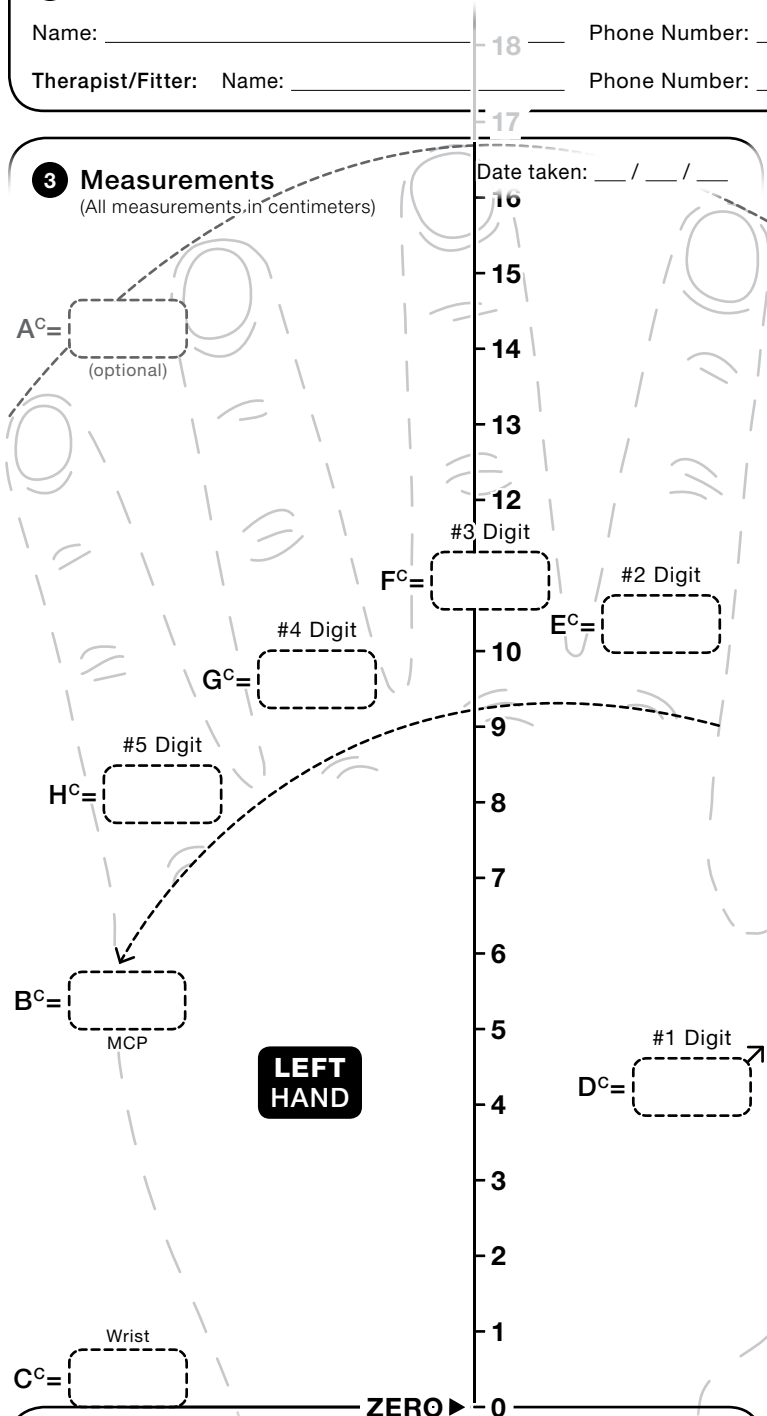
TributeNight™ Hand Order Form **L**

1 Patient Information

Name: _____ 18 Phone Number: _____ Age: _____ Height: _____ Weight: _____
 Therapist/Fitter: Name: _____ Phone Number: _____ Email: _____

3 Measurements

(All measurements in centimeters)



Date taken: ___ / ___ / ___

2 Garment Design

Style UE - _____

Channeling Vertical (Chevron channeling not available.)

Profile Original Low

Color Black Blue Purple Raspberry Slate

Modifications

QTY.	Notes/Placement Instruction
___ Zippers	_____
___ Closure (VELCRO® brand)	_____
___ Adjustable panels (VELCRO® brand)	_____

Accessories

___ Outer Jacket (OJ)

- Color: Black Blue Purple Raspberry Slate
- Fastener type: VELCRO® brand fastener Snap
- Modifications: Non-skid pads

Special Instructions: _____

Exact Reorder of Order #: _____

4 Billing Information

Quote Only

Business Name: _____
 Phone: _____ Fax: _____
 Contact Name & Phone: _____
 Account #: _____ P.O. #: _____
 Payment: Credit card (provide number below) Net 30
 Card #: _____ Exp: ___ / ___ SID: _____

5 Shipping Information

Shipping: Standard
 Priority Requested Delivery Date: _____

Ship to: _____

Attn: _____

Street: _____

City: _____ State: _____ Zip: _____
 Province Postal Code

Phone: _____

Email (for shipping notification): _____

Fax completed order to 414-892-4150
 or email to customdesigncenter@us.LRmed.com

L&R USA INC. will reply with an order confirmation and cost.
 Questions? Call Custom Design Center at 1-414-892-5158.



L&R INTERNAL USE ONLY

TributeNight™ Hand Order Form **R**

1 Patient Information

Name: _____ Phone Number: _____ Age: _____ Height: _____ Weight: _____

Therapist/Fitter: Name: _____ Phone Number: _____ Email: _____

2 Garment Design

Style UE - _____

Channeling Vertical (Chevron channeling not available.)

Profile Original Low

Color Black Blue Purple Raspberry Slate

Modifications

QTY.	Notes/Placement Instruction
<input type="checkbox"/> Zippers	_____
<input type="checkbox"/> Closure (VELCRO® brand)	_____
<input type="checkbox"/> Adjustable panels (VELCRO® brand)	_____

Accessories

- Outer Jacket (OJ)
 - Color: Black Blue Purple Raspberry Slate
 - Fastener type: VELCRO® brand fastener Snap
 - Modifications: Non-skid pads

Special Instructions: _____

Exact Reorder of Order #: _____

5 Shipping Information

Shipping: Standard
Priority Requested Delivery Date: _____

Ship to: _____

Attn: _____

Street: _____

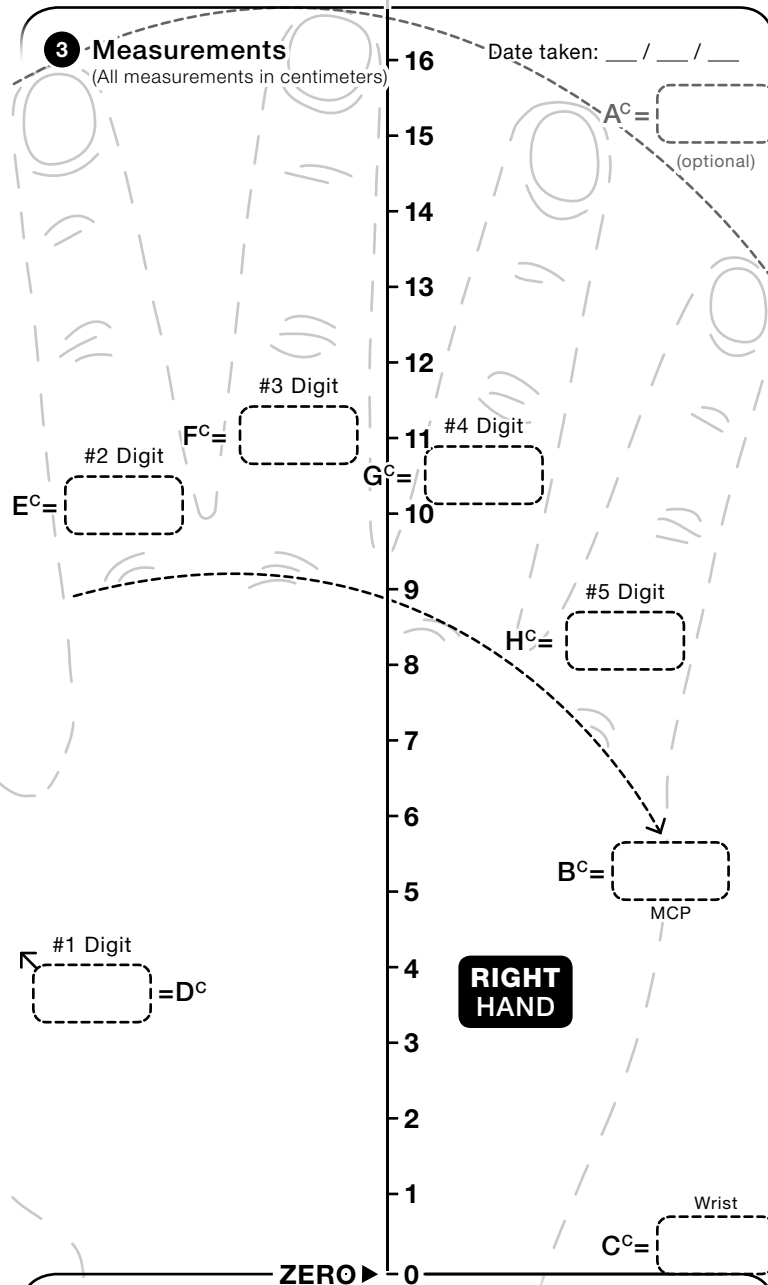
City: _____ State: _____ Zip: _____

Phone: _____ Province Postal Code

Email (for shipping notification): _____

3 Measurements

(All measurements in centimeters)



4 Billing Information

Quote Only

Business Name: _____

Phone: _____ Fax: _____

Contact Name & Phone: _____

Account #: _____ P.O. #: _____

Payment: Credit card (provide number below) Net 30

Card #: _____ Exp: ___/___/___ SID: _____

Fax completed order to 414-892-4150
or email to customdesigncenter@us.LRmed.com

L&R USA INC. will reply with an order confirmation and cost.
Questions? Call Custom Design Center at 1-414-892-5158.

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